

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy  
Statement On Reverse Side

Page 1 of 5 Pages

CLAIMANT'S NAME Herb Schultz			SSN or EMPLOYEE NUMBER*			DEPARTMENT Governor's Office		
POSITION Director, CA Recovery Task Force			CB/D No.			DIVISION or BUREAU		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY 1			STATE 1			ZIP CODE 1		
CITY Sacramento			STATE CA			ZIP CODE 95814		

(1) NORMAL WORK HOURS

0800-1700

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR Feb 2010		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
										MILES	AMOUNT		
26	0530 1600	Los Angeles		6.00				317.40	A	900	15.00	0.00	338.40
								60.00	T			0.00	60.00
								51.65	T			0.00	51.65
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
(13) SUBTOTALS			0.00	6.00	0.00	0.00	0.00	429.05		15.00	0.00	0.00	450.05
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

438.05

\$450.05

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Presentation at Speaker Bass Town Hall on ARRA as it relates to Southern CA small business

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

940983

(15) I HEREBY CERTIFY

above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by the State of California pertaining to vehicle safety and seat belt usage.

CLAIMANT

DATE

4-13-10

(16) SIGNATURE

[Signature]

PAYMENT

DATE

4/19/10

DATE

and TITLE (See Item 17 on reverse)

**See Instructions and \*Privacy  
Statement On Reverse Side**

Page 1 of 3 Pages

CLAIMANT'S NAME Herb Schultz			SSN or EMPLOYEE NUMBER*		DEPARTMENT Governor's Office	
POSITION Director, CA Recovery Task Force		CB/D No.	DIVISION or BUREAU			INDEX NUMBER
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
			Sacramento	CA	95814	

(1) NORMAL WORK HOURS 0800-1700						(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED				
(4) MONTH/YEAR Apr 2010		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
6	0530 1700	Van Nuys, CA		6.00				319.40	A	900 15.00		0.00		340.40
								35.00	T			0.00		35.00
								25.00	T			0.00		25.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	6.00	0.00	0.00	0.00	379.40		15.00	0.00	0.00	0.00	400.40
COLUMN CODE (ACCTG. USE ONLY)														

**CLAIM TOTAL**

388.47

—5445.40

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Speaker at small business town hall meeting sponsored by Congressman Howard Berman regarding impact of federal stimulus funds in California.

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

4240983

(15) I HEREBY CERTIFY:

f the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was  
ifv that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by  
vehicle safety and seat belt usage.

CLAIM.

DATE  
04/07/10

(16) SI

INT

DATE \_\_\_\_\_

(17)

LE (See Item 17 on reverse)

DATE \_\_\_\_\_